Breast Biopsy Episode Executive Summary

Episode Design

- **Trigger:** punch biopsy, core needle biopsy, or open biopsy procedure
- **Quarterback type:** professional (provider or group that performs the procedure)
- Care included: all breast biopsy-related care including anesthesia, imaging and testing, evaluation and management, and medications

Sources of Value

- Appropriate recall rates after screening mammograms
- Timeliness of diagnostic imaging following abnormal screening mammogram
- Appropriate choice of imaging modalities
- Appropriate selection of patients for biopsy
- Timeliness of biopsy after abnormal diagnostic imaging
- Appropriate selection of biopsy type
- · Appropriate use of pathology
- Appropriate choice of anesthesia
- Timeliness of communication of results and appropriate referral
- Reduction in complications

Episode Duration

Pre-Trigger

Trigger

Post-Trigger

90 days prior to the trigger window

Duration of the episodetriggering encounter or stay

30 days, beginning the day
after the trigger window

Quality Metrics

Tied to Gain-Sharing

- Appropriate diagnostic workup rate (higher rate is better)
- Core needle biopsy rate (higher rate is better)

Informational Only

- Surgical complication rate
- Subsequent biopsy/excision rate
- Appropriate genetic testing rate
- Difference in average morphine equivalent dose (MED) per day

Making Fair Comparisons

Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., peritonitis, shock, mastectomy, sentinel lymph node biopsy, axillary lymphadenectomy, radiation therapy, antineoplastic therapy administration, oral antineoplastics except hormonal therapy, end-stage renal disease, multiple sclerosis, organ transplant, Parkinson's disease, tuberculosis, DCS custody)
- Patient exclusions: age (less than 13 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.

